

BEST AVAILABLE COPY

FROM McANDREWS, HELD, & MALLEY

RECEIVED

CENTRUE/FAX 28-MAY-16 14:24/ST. 16:23/N0. 4861050206 P 3

FEB 28 2006

PTO/SB/17 (01-06)
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Approved for use through 07/31/2006. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)

**FEE TRANSMITTAL
for FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

Complete if Known

Application Number	10/000,415
Filing Date	November 2, 2001
First Named Inventor	Kotze
Examiner Name	P. Kumar
Art Unit	2631

Attorney Docket No. 13199US02

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____ Deposit Account Deposit Account Number: 13-0017

Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

 Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Fee Paid (\$)
24	-22 or HP	2	x 50	= 100		
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
7	-5 or HP	2	x 200	= 400		0
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Two-month extension of time

450

SUBMITTED BY

Signature	<i>Kevin E. Borg</i>	Registration No. (Attorney/Agent)	51,406	Telephone	(312)775-8000
Name (print/type)	Kevin E. Borg	Date	February 28, 2006		

FROM McANDREWS, HELD, & MALLOY

(TUE) 2.28'06 16:23/ST. 16:23/NO. 4861050206 P 1



MCANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER
FEB 28 2006

ARO PLEASE DELIVER RETURN RECEIPT TO
~~PATRICIA E. WILSON~~

TELEPHONE: (312) 775-8000
FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: Examiner P. Kumar
Group Art Unit 2631

FAX NO.: 571 273 8300

FROM: Kevin E. Borg

USER ID: 8078

DATE: February 28, 2006

CLIENT: 1772

MATTER: 13199US02

Number of Pages This Transmission (Including Cover Page): 16

If you have problems receiving this facsimile transmission,
please contact Patricia E. Wilson (Ext. 8148) at the above number.

FROM McANDREWS, HELD, & MALLOY

(TUE) 2.28' 06 16:23 ST. 16:23/N0. 4861050206 P 2

RECEIVED

CENTRAL FAX CENTER

FEB 28 2006

PTO/SB/21 (09-04)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Approved for use through 7/31/2006
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM		Application Number 10/000,415
		Filing Date November 2, 2001
		First Named Inventor Kolze
		Art Unit 2631
		Examiner Name P. Kumar
Total Number of Pages in This Submission 15		Attorney Docket Number 13199US02

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Return-Receipt Postcard |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>K. E. Borg</i> Reg. # 51,486
Printed Name	Kevin E. Borg
Date	February 28, 2006

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to Examiner P. Kumar at the United States Patent and Trademark Office, fax No. 571 273 8300, on February 28, 2006.

Name (Print/type)	Kevin E. Borg	Registration No. (Attorney/Agent)	51,486	
Signature	<i>K. E. Borg</i>		Date	February 28, 2006